

Application Data Sheet

Application Information

Application Type:: Utility
 Suggested classification::
 Suggested Tech. Center::
 CD-ROM or CD-R?:: None
 Number of CD disks::
 Number of Copies of CDs::
 Sequence Submission::
 Computer Readable Form (CRF):: No
 Number of copies of CRF::
 Title Line One:: Medical Device Testing Apparatus
 Title Line Two::
 Docket Number:: COCH-0132-US1
 Request for Early Publication:: No
 Request for Non-publication:: Yes
 Suggested Drawing Figure::
 Total Drawing Sheets:: 5
 Small Entity:: No
 Latin name::
 Variety denomination name::
 Petition included?:: No
 Petition Type::
 Licensed US Govt. Agency ::
 Contract or Grant Numbers One::
 Contract or Grant Numbers Two::
 Secrecy Order in Parent Appl.:: No

Applicant Information

Applicant One Authority Type:: Inventor
 Primary Citizenship Country:: Australia
 Status :: Full Capacity
 Given Name:: *HO* Paul
 Middle Name:: Michael
 Family Name:: Carter
 Name Suffix::
 City of Residence:: Carlingford
 State or Prov. of Residence::
 Country of Residence:: Australia *AUX*
 Mailing Address Line One:: 9 Kerribee Place
 Mailing Address Line Two::
 City of Mailing Address:: Carlingford
 State or Province of Mailing Address::
 Country of Mailing Address:: Australia
 Postal or Zip Code of Mailing Address:: 2118

Correspondence Information

Correspondence Customer Number:: 22,506
Name:: Jagtiani + Gutttag
Street of mailing address:: 10363-A Democracy Lane
City of mailing address:: Fairfax
State or Province mailing address:: VA
Country of mailing address:: US
Postal or Zip Code of mailing address:: 22030
Phone Number:: 703-591-2664
Fax Number:: 703-591-5907
E-Mail Address:: iplaw@jagtiani.com

Representative Information

Representative Customer Number:: 22,506

Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This application	National Stage of	PCT/AU03/00827	06-27-03

Foreign Application Information

Country::	Application number::	Filing Date::	Priority Claimed::
AU	PS 3226	06-28-02	Yes

Assignee Information

Assignee name::
Street of mailing address one::
Street of mailing address two::
City of mailing address::
State or Province of mailing address::
Country of mailing address::
Postal or Zip Code of mailing address::